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B 22C (Official Form 22C) (Chapter 13) (04/13)

In re	Jerome Rice	According to the calculations required by this statement:
	Debtor(s)	■The applicable commitment period is 3 years.
Case No	umber:	— □The applicable commitment period is 5 years.
	(If known)	Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	CO	ΜI	E				
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	e o	f th	is part of this state	ment	as directed.		
1	a. ■U	Unmarried. Complete only Column A ("Debt	tor'	s Income'') for Li	ies	2-1	0.				
		Married. Complete both Column A ("Debtor						e'') f	or Lines 2-10.		
		gures must reflect average monthly income re-							Column A		Column B
		dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied							Debtor's		Spouse's
		nonth total by six, and enter the result on the a			, yo	u II	nust divide the		Income		Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$	1,484.08	\$				
3	enter profes numb	the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and proper less than zero. Do not include any part of fuction in Part IV.	Lir	ne 3. If you operate de details on an atta e business expens e	mo achi	ore me	than one business, nt. Do not enter a red on Line b as				
		Ta .		Debtor			Spouse				
	a.	Gross receipts	\$	0.00							
	b. c.	Ordinary and necessary business expenses Business income	\$	btract Line b from		0.0		\$	0.00	Ф	
4		oppropriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b					Spouse				
-	a.	Gross receipts	\$	0.00	\$		Spouse				
	b.	Ordinary and necessary operating expenses	\$	0.00							
	c.	Rent and other real property income	Sı	ubtract Line b from	Liı	ne a	ı	\$	0.00	\$	
5	Inter	est, dividends, and royalties.						\$	0.00	\$	
6	Pensi	ion and retirement income.						\$	0.00	\$	
7	exper purpo debto	amounts paid by another person or entity, on ses of the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be rein Column A, do not report that payment in C	s, in tena	ncluding child sup ance payments or a ted in only one col	por mou	r t p unt	aid for that s paid by the	\$	0.00	\$	
8	Howe benef	nployment compensation. Enter the amount in ever, if you contend that unemployment competit under the Social Security Act, do not list the but instead state the amount in the space belo	ensa e an	ation received by y	ou c	or y	our spouse was a				
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	0.00 Sp	ous	e \$		\$	0.00	\$	

		-	
	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or		
9	payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
	Debtor Spouse		
	a.	00	\$
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).		<u>·</u>
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		1,484.08
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	1,484.08
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		
	c. \$		
	Total and enter on Line 13	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	1,484.08
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	17,808.96
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: b. Enter debtor's household size: 1	\$	39,891.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment pe top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment the top of page 1 of this statement and continue with this statement.		
	the top of page 1 of this statement and continue with this statement. Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME		
10		T _e	4 404 00
18	Enter the amount from Line 11. Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of	\$	1,484.08
19	any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		
	c. \$		
	Total and enter on Line 19.	\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	1,484.08
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$	17 808 96

22	Applic	able median family incom	e. Enter the amount from	m Lin	e 16.		\$	39,891.00
	Applic	eation of § 1325(b)(3). Che	ck the applicable box ar	nd pro	oceed as directed.			
23		amount on Line 21 is mor 25(b)(3)" at the top of page				isposable income is determine this statement.	ined und	ler §
						r "Disposable income is not ment. Do not complete Par		
		Part IV. Ca	ALCULATION ()F I	DEDUCTIONS FE	ROM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Rev	enue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar n Line 24A the "Total" amo able number of persons. (T ptcy court.) The applicable r federal income tax return.	ount from IRS National his information is availa number of persons is th	Standable at the standard	ards for Allowable Living www.usdoj.gov/ust/ or for that would currently	g Expenses for the rom the clerk of the be allowed as exemptions	\$	
24B	Out-of Out-of www.u who ar older. (be allo you su Line c	ral Standards: health care in Pocket Health Care for per isdoj.gov/ust/ or from the care under 65 years of age, an (The applicable number of wed as exemptions on your pport.) Multiply Line al by 1. Multiply Line a2 by Line d Lines c1 and c2 to obtain	rsons under 65 years of a rsons 65 years of age or lerk of the bankruptcy of d enter in Line b2 the appersons in each age cate federal income tax retu Line b1 to obtain a total	age, a older ourt.) oplica gory rn, pl dl amo	nd in Line a2 the IRS Na. (This information is ava Enter in Line b1 the applible number of persons whis the number in that cate us the number of any addount for persons under 65 or persons 65 and older, a	tional Standards for ilable at licable number of persons to are 65 years of age or gory that would currently itional dependents whom , and enter the result in and enter the result in Line		
	Perso	ns under 65 years of age		Pers	ons 65 years of age or o	lder		
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/ omber that would currently buditional dependents whom	expenses for the application of the bloom the clerk of the bloom allowed as exemption	able c ankru	ounty and family size. (Tuptcy court). The applicab	This information is ble family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any							
		IRS Housing and Utilities						
		Average Monthly Payment home, if any, as stated in L		y you	r \$			
		Net mortgage/rental expen			Subtract Line b	from Line a.	\$	
26	25B do Standa	Standards: housing and uses not accurately compute rds, enter any additional antion in the space below:	the allowance to which	you a	re entitled under the IRS	Housing and Utilities	\$	

27A	Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 7. D	expenses of operating a vehicle and ses or for which the operating expenses are			
	If you checked 0, enter on Line 27A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.go.court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$		
28	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) Description: Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lin the result in Line 28. Do not enter an amount less than zero.	ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average ne 47; subtract Line b from Line a and enter			
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
29	the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly extate, and local taxes, other than real estate and sales taxes, such as ind security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mont life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tota pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for education education that is required for a physically or mentally challenged deperproviding similar services is available.	ion that is a condition of employment and for	\$		
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average more health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts I	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$		

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount the actually pay for telecommunication services other than your basic home telephone and cell phone services, call waiting, caller id, special long distance, or internet service-to the extent necessary for your welfare or that of your dependents. Do not include any amount previously deducted.	vice - such as
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines	24-37
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or you dependents.	
39	a. Health Insurance \$	
	b. Disability Insurance \$	
	c. Health Savings Account \$	
	Total and enter on Line 39	\$
	If you do not actually expend this total amount, state your actual total average monthly expenditure below: \$	s in the space
40	Continued contributions to the care of household or family members. Enter the total average actual expenses that you will continue to pay for the reasonable and necessary care and support of an elderly ill, or disabled member of your household or member of your immediate family who is unable to pay the expenses. Do not include payments listed in Line 34.	, chronically
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses the actually incur to maintain the safety of your family under the Family Violence Prevention and Service applicable federal law. The nature of these expenses is required to be kept confidential by the court.	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by Standards for Housing and Utilities that you actually expend for home energy costs. You must provitrustee with documentation of your actual expenses, and you must demonstrate that the addition claimed is reasonable and necessary.	de your case
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or section school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonate necessary and not already accounted for in the IRS Standards.	ondary th
44	Additional food and clothing expense. Enter the total average monthly amount by which your food a expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS Nat Standards, not to exceed 5% of those combined allowances. (This information is available at www.usc.orfrom the clerk of the bankruptcy court.) You must demonstrate that the additional amount claim reasonable and necessary.	ional doj.gov/ust/
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on c contributions in the form of cash or financial instruments to a charitable organization as defined in 26 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$

B 22C (Official Form 22C) (Chapter 13) (04/13)

			Subpart C: Deductions for De	bt Payr	nent			
47	own, check sched case,	list the name of creditor, iden whether the payment includ- luled as contractually due to e	ms. For each of your debts that is secured thify the property securing the debt, state the staxes or insurance. The Average Month each Secured Creditor in the 60 months for list additional entries on a separate page.	he Averag lly Payme llowing t	ge Monthly ent is the to he filing of	Payment, and tal of all amounts the bankruptcy		
		Name of Creditor	Property Securing the Debt	Mor Pay	erage nthly ment	Does payment include taxes or insurance		
	a.			\$ Total:	Add Lines	□ ges □ lo	\$	
48	motor your paym sums	r vehicle, or other property no deduction 1/60th of any amou ents listed in Line 47, in order in default that must be paid in following chart. If necessary, li	ns. If any of debts listed in Line 47 are se ecessary for your support or the support of ant (the "cure amount") that you must payer to maintain possession of the property. In order to avoid repossession or foreclosuist additional entries on a separate page.	cured by f your dep the credi The cure a	your prima pendents, yo tor in addit amount wo nd total any	ou may include in ion to the uld include any v such amounts in	Ψ	
		Name of Creditor	Property Securing the Debt	\$	1/60th of t	he Cure Amount		
	a.			φ	,	Total: Add Lines	\$	
49	priori	ty tax, child support and alim	r claims. Enter the total amount, divided be nony claims, for which you were liable at touch as those set out in Line 33.				\$	
50		Projected average monthly Current multiplier for you	y Chapter 13 plan payment. r district as determined under schedules ffice for United States Trustees. (This	amount i	n Line b, a	nd enter the		
		information is available at the bankruptcy court.)	$\underline{www.usdoj.gov/ust/} \ or \ from \ the \ clerk \ of$	x				
	c.		trative expense of chapter 13 case	Total: N	Multiply Li	nes a and b	\$	
51	Total	Deductions for Debt Paym	ent. Enter the total of Lines 47 through 5	0.			\$	
			Subpart D: Total Deductions f	rom In	come			
52	Total	of all deductions from inco	me. Enter the total of Lines 38, 46, and 5	1.			\$	
		Part V. DETERM	MINATION OF DISPOSABLE I	NCOM	E UNDI	ER § 1325(b)(2)	
53	Total	current monthly income. I	Enter the amount from Line 20.				\$	
54	paym	ents for a dependent child, re	nly average of any child support payments, ported in Part I, that you received in accousary to be expended for such child.				\$	
55	wage		Enter the monthly total of (a) all amount d retirement plans, as specified in § 541(b) crified in § 362(b)(19).				\$	
56	Total	of all deductions allowed u	nder § 707(b)(2). Enter the amount from	Line 52.			\$	

	there is no reasonable alternative, describe the special If necessary, list additional entries on a separate page.	cial circumstances that justify additional expenses for which circumstances and the resulting expenses in lines a-c below. Total the expenses and enter the total in Line 57. You must se expenses and you must provide a detailed explanation necessary and reasonable.	
57	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$ \$	
	C.		\$
58	Total adjustments to determine disposable incomeresult.	Add the amounts on Lines 54, 55, 56, and 57 and enter the	\$
59	Monthly Disposable Income Under § 1325(b)(2). Su	btract Line 58 from Line 53 and enter the result.	\$
	Part VI ADDI	TIONAL EXPENSE CLAIMS	
	of you and your family and that you contend should be	ses, not otherwise stated in this form, that are required for the l	health and welfare
	707(b)(2)(A)(ii)(I). If necessary, list additional source each item. Total the expenses.	s on a separate page. All figures should reflect your average m	
60			
60	each item. Total the expenses.	s on a separate page. All figures should reflect your average m Monthly Amount \$	
60	each item. Total the expenses. Expense Description a. b.	s on a separate page. All figures should reflect your average m Monthly Amount \$ \$	
60	each item. Total the expenses. Expense Description a. b. c.	Monthly Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
60	each item. Total the expenses. Expense Description a. b. c. d.	s on a separate page. All figures should reflect your average m Monthly Amount \$ \$	
60	each item. Total the expenses. Expense Description a. b. c. d. Total: A	Monthly Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
60	each item. Total the expenses. Expense Description a.	Monthly Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	onthly expense for